

CALIFORNIA NATIONAL GUARD

Family Readiness

TEEN ADVENTURE WEEK APPLICATION

21-27 June 2004

Teen's Name: _____
Last First Middle

Parent/Guardian: _____ Sponsor: _____

Address: _____

City: _____ State: _____ Zip: _____

Teen's Gender: (Circle One): Male Female

Date of Birth: _____

Age on June 21, 2004: _____

Social Security Number _____ - _____ - _____

(Necessary for No-cost Invitational Travel Orders)

T-Shirt Size; S ___ M ___ L ___ XL ___ XXL ___

Home Phone: (____) _____ E-Mail address: _____

School District: _____ School: _____

Unit of National Guard Parent/Guardian/ Sponsor: _____.

Work Phone (____) _____

Home Phone (____) _____

National Guard Parent, Guardian or Sponsor Currently Mobilized? Yes / No.

Individual you wish contacted in case of emergency:

Name: _____ Phone Number: (____) _____

**COMPLETE AND TURN-IN. "AUTHORIZATION FOR MEDICAL TREATMENT" AND
"STATEMENT OF UNDERSTANDING AND AGREEMENT." WITH THIS APPLICATION!
Please Print Neatly**